

COMPLIANCE CHECKLIST

► Inpatient Rehabilitation – Common Areas

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.

E = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required support space* for the specific service affected by the project.

W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).

3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.4-9** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.4-**") and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

2.4- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ INPATIENT REHABILITATION – NURSING UNIT
☐ Compliance Checklist **IP21** is attached
- 3.1** ☐ PATIENT DINING, RECREATION & DAY SPACES
(May be separate or adjoining)
- 3.1.1.1** ☐ Inpatient program:
☐ min. 55 sf per bed
- 3.1.1.2** ☐ Outpatients program
☐ check if service not included in facility

☐ dining provided
☐ min. 55 sf per outpatient slot

or

☐ dining not provided
☐ min. 35 sf per outpatient slot
- 3.1.2** ☐ Dining rooms ☐ Handwashing station in each dining room
- 3.1.3** ☐ Storage for recreational equipment & supplies
- 3.2.1.1** ☐ ACTIVITIES FOR DAILY LIVING (ADL) UNIT
- (1) ☐ ADL bedroom
- (2) ☐ ADL bathroom ☐ Vent. min. 10 air ch./hr (exhaust)
☐ equipment is functional
- (3) ☐ ADL kitchen ☐ Vent. min. 10 air ch./hr (exhaust)
☐ equipment is functional
- (4) ☐ Training stairs
- 3.3** ☐ PERSONAL SERVICES AREAS
☐ Separate room with appropriate fixtures & equipt. for patient grooming (ADL room may serve this function)
- 4.1** ☐ EVALUATION UNIT
- 4.1.3.1** ☐ Personnel office(s)
- 4.1.1** ☐ Examination Room(s) ☐ Handwashing station
☐ min. 140 sf clear floor area ☐ Vent. min. 6 air ch./hr
☐ min. dimension 10'-0"
☐ work counter
☐ storage
☐ charting surface
- 4.2.1** ☐ PSYCHOLOGICAL SERVICES UNIT
☐ Office & work space for testing, evaluation & counseling
- 4.2.2** ☐ SOCIAL SERVICES UNIT
☐ Office for private interviewing & counseling
- 4.2.3** ☐ VOCATIONAL SERVICES UNIT
☐ Office & work space for vocational training, counseling & placement

2.4- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****4.3.1 PHYSICAL THERAPY UNIT**☐ check if service not included in facility**4.3.1.5(2)** ☐ Office space**4.3.1.5(1)** ☐ Waiting space**4.3.1.2(4)** ☐ Individual treatment areas☐ check if service not included in department☐ privacy curtains☐ min. 70 sf☐ Treatment rooms☐ at least one individual treatment room☐ min. 80 sf**4.3.1.2(3)** ☐ Area for soiled linen holding**4.3.1.3** ☐ Exercise area**4.3.1.5(3)** ☐ Clean linen & towel storage☐ Storage for equipment & supplies**4.3.1.6** ☐ Patient dressing area☐ Patient lockers☐ Patient shower☐ Patient toilet room☐ Handwashing stations☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Vent. min. 10 air ch./hr (exhaust)☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)**4.3.1.5(3)**☐ Wheelchair & stretcher storage**4.3.2 OCCUPATIONAL THERAPY UNIT**☐ check if service not included in facility**4.3.2.2** ☐ OT activity area**4.3.2.3** ☐ OT support areas(may be shared with PT unit)(1) ☐ waiting space(2) ☐ office space(3) ☐ storage for equipment & supplies**4.3.2.4** ☐ patient dressing area☐ patient lockers☐ patient shower☐ patient toilet room☐ Vent. min. 10 air ch./hr (exhaust)☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)**4.3.3 PROSTHETICS & ORTHOTICS UNIT**☐ check if service not included in department**4.3.3.2** ☐ Workspace for technicians**4.3.3.3** ☐ Space for evaluation & fitting☐ provisions for privacy**4.3.3.4** ☐ Storage for equipment & supplies**4.3.4 SPEECH & HEARING UNIT**☐ check if service not included in facility**4.3.4.2** ☐ Evaluation & treatment space**4.3.4.3(1)** ☐ Therapists office**4.3.4.3(2)** ☐ Storage for equipment & supplies

2.4- ARCHITECTURAL REQUIREMENTS**4.3.5** DENTAL UNIT☐ check if service not included in facility**4.3.5.1** ☐ Operatory**4.3.5.2** ☐ Laboratory & film processing facilities**4.3.6** IMAGING SUITE☐ check if service not included in facility☐ Compliance Checklist IP11 is attached**4.3.7** LABORATORY SUITE☐ check if service not included in facility☐ Compliance Checklist IP16 is attached**4.3.7.2(3)** SPECIMEN COLLECTION

(a)

☐ work counter☐ storage cabinets☐ urine & feces collection toilet room☐ blood collection station

(b)

☐ patient seating space☐ work counter☐ storage cabinets**5.1** PHARMACY UNIT☐ check if service not included in facility**5.1.2.1** ☐ Compounding area**5.1.2.2** ☐ Packaging area**5.1.2.3** ☐ Quality control area**5.1.2.4** ☐ Dispensing area**5.1.2.5** ☐ Drug information area**5.1.2.6** ☐ Editing/ order review area**5.1.2.7(1)** ☐ Administrative areas**5.1.2.7(2)** ☐ Storage areas**5.2** DIETARY DEPARTMENT**5.2.2.1** ☐ Control station for receiving food & supplies**5.2.2.3** ☐ Food preparation facilities for conventional system or convenience system**5.2.2.4** ☐ Tray assembly & distribution area**5.2.2.5** ☐ Ware washing space(1) ☐ separate from food preparation & serving area(2) ☐ commercial dishwashing equipment(4) ☐ space for receiving, scraping, sorting & stacking soiled ware☐ space for transferring clean tableware to use areas**5.2.2.6** ☐ Pot washing area & equipment**5.2.2.7** ☐ Self dispensing ice making facility☐ easily cleanable☐ convenient to dietary facilities**5.2.3.1** ☐ Office or desk space for dietician or service manager**5.2.3.2** ☐ Storage for cans, carts, tray conveyors**5.2.3.4** ☐ Waste storage room☐ easily accessible from outside**5.2.3.3** ☐ Housekeeping room☐ for exclusive use of dietary department☐ storage for equipment & supplies**5.2.4.1** ☐ Separate dining room for staff**5.2.4.2** ☐ Toilet rooms for dietary staff**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Sink☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Handwashing station☐ Vent. min. 6 air ch./hr (exhaust)☐ Handwashing station☐ Handwashing station☐ Vent. min. 10 air ch./hr☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Vent. min. 10 air ch./hr (exhaust)☐ negative pressure☐ Floor receptor☐ Vent. min. 10 air ch./hr (exhaust)☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)

2.4- ARCHITECTURAL REQUIREMENTS**5.4** LINEN SERVICES

- 5.4.1.1** ☐ Separate room for receiving & holding soiled linen until ready for pickup or processing
☐ cart washing facilities

- 5.4.1.2** ☐ Central clean linen storage & issuing room

5.4.1.3 Laundry facilities

- | | | |
|--|-----------|---|
| <input type="checkbox"/> Off-site laundry processing | or | <input type="checkbox"/> On-site laundry processing room |
| | | <input type="checkbox"/> commercial equipment with 7-day capacity |
| | | <input type="checkbox"/> storage for laundry supplies |
| | | <input type="checkbox"/> housekeeping room |
| | | <input type="checkbox"/> storage space for equipment & supplies |

5.4.1.5**5.4.1.6****5.6** ENVIRONMENTAL SERVICES

- 5.6.1** ☐ Housekeeping rooms
5.6.2 ☐ storage for equipment & supplies

5.7 ENGINEERING SERVICES & EQUIPMENT AREA

- 5.7.1** ☐ Rooms for boilers, mechanical & electrical equipment
5.7.2 ☐ Storage rms for building maintenance supplies & yard equipt
☐ Space & facilities for sanitary storage & disposal of waste

5.7.3

- 5.5.1.2** ☐ Waste management
☐ biohazard waste storage room
☐ ☐ check if service not included in department
☐ washable floor & walls

6 ADMINISTRATION & PUBLIC AREAS

- 6.1.1** ☐ Entrance
☐ grade-level entrance
☐ sheltered from weather
☐ wheelchair accessible

6.1.2 Lobby

- 6.1.2.1** ☐ reception & information counter/desk
6.1.2.2 ☐ waiting space
6.1.2.3 ☐ public toilet facilities

- 6.1.2.4** ☐ public telephone

- 6.1.2.5** ☐ drinking fountain

- 6.1.2.6** ☐ wheelchair storage space

- 6.1.2.7** ☐ convenience store

- 6.2.1** ☐ Interview space

- 6.2.2** ☐ Offices for administrative & professional staffs
☐ medical records

- 6.2.3** ☐ Multipurpose rooms for meetings & health education

- 6.2.4** ☐ Patient personal effects storage

- 6.2.5** ☐ General Storage

- ☐ office supplies

- ☐ sterile supplies

- ☐ pharmaceutical supplies

- ☐ splints & other orthopedic supplies

- ☐ housekeeping supplies & equipment

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr
☐ negative pressure
☐ air exhausted to outdoors
☐ Vent. min. 2 air ch./hr

- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr
☐ negative pressure
☐ air exhausted to outdoors
☐ Floor receptor sink
☐ Vent. min. 10 air ch./hr (exhaust)

- ☐ Service sink or floor receptor
☐ Vent. min. 10 air ch./hr (exhaust)

- ☐ Vent. min. 10 air ch./hr
☐ negative pressure
☐ air exhausted to outdoors

- ☐ Floor drain
☐ Vent. min. 10 air ch./hr (exhaust)
☐ negative pressure
☐ separate exhaust duct & fan

- ☐ Vent. min. 10 air ch./hr (exhaust)
☐ Handwashing station

DETAILS AND FINISHES**Corridors**

- ▷ New Construction or Renovations for New Inpatient Corridor*
- ___ Min. corridor width 8'-0" (NFPA 101)
- ___ Renovations to Existing Inpatient Corridor*
- ___ Min. corridor width 8'-0" except for existing structural elements & existing mechanical shafts
- ___ Min. corridor width at temporary construction partitions is 5'-0"

*No waivers accepted

- ___ Min. Staff corridor width 5'-0" (**2.1-8.2.2.1(1)**)
- ___ Fixed & portable equipment recessed does not reduce required corridor width (**7.2.2.1**)
- ___ Work alcoves include standing space that does not interfere with corridor width (Policy)
- ☐ check if function not included in departments

Ceiling Heights (7.2.2.2)

- ___ Ceiling height min. 7'-10", except:
 - ___ 7'-8" in corridors, toilet rooms, storage rooms
 - ___ sufficient for ceiling mounted equipment
 - ___ min. clearance under suspended pipes/tracks:
 - ___ 7'-0" AFF in bed/stretcher traffic areas
 - ___ 6'-8" AFF in other areas

Doors (7.2.2.3)

- ___ all doors are swing-type
- ___ patient bedrooms doors min. 3'-8"w x 7'-0"h
- ___ doors for stretchers or wheelchairs min. 2'-10" wide
- ___ doors to occupiable rooms do not swing into corridors
- ___ outswinging/double-acting doors for toilet rooms
- ___ outsw./double-acting doors for bathing or privacy
- ___ curtains off separate bathing suite
- ___ emergency access hardware on patient toilet/bathing doors

Operable Windows (7.2.2.5)

- ☐ check if all windows are fixed
- ___ window operation prohibits escape or suicide
- ___ insect screens

Glazing (7.2.2.7)

- ___ safety glazing or no glazing under 60" AFF & within 12" of door jamb
- ___ safety glazing (or curtains) in shower & bath enclosures

Handwashing Stations (8.2.2.8)

- ___ handwashing sink
- ___ soap dispenser
- ___ hand drying facilities

Grab Bars

- ___ Grab bars in all patient toilets & bathing facilities (**7.2.2.9**)
 - ___ 1½" wall clearance
 - ___ 250 lb. Capacity

Handrails

- ___ Handrails on both sides of corridors (**7.2.2.10**)
 - ___ 1½" wall clearance
 - ___ top of handrail standard height 32" AFF
 - ___ handrail returns meet wall at each end

Noise Reduction

- ___ Noise reduction at patient rooms as per Table **2.1-1**

Floors

- ___ Thresholds & exp. joints flush with floor surface (**8.2.2.4**)
- ___ Floors easily cleanable & wear-resistant (**7.2.3.2**)
- ___ Non-slip floors in wet areas
- ___ Wet cleaned flooring resists detergents

Walls (7.2.3.3)

- ___ Wall finishes are washable
- ___ Smooth/water-resist. finishes at plumbing fixtures

PLUMBING (9.1)

- ___ Handwashing sinks
 - ___ hot & cold water
 - ___ anchored to withstand 250 lbs. (**7.2.2.8**)
 - ___ wrist controls or other hands-free controls at all handwashing sinks (**1.6-2.1.3.2**)
- ___ Non-slip walking surface at tubs & showers

MECHANICAL (9.2)

- ___ Mech. ventilation provided per Table **2.1-2**
- ___ Exhaust fans located at discharge end (**9.2.4.3**)
- ___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (**9.2.4.4**)
- ___ Contaminated exhaust outlets located above roof
- ___ Ventilation openings at least 3" above floor
- ___ Central HVAC system filters provided per Table **2.1-3**

ELECTRICAL (9.3)

- ___ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (**9.3.4.1**)
 - ___ nurses call system connected to emergency power circuits (NFPA 99)
- ___ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (**9.3.5.1**)

ELEVATORS (8.2)**Dimensions**

- ___ Min. interior elevator dimensions 5'-8" wide x 9'-0" deep
- ___ Elevator doors at least 4'-0" wide x 7'-0" high (clear opening)